

# Demographic Reporting Form

## Individual – Quarterly Totals

Positive Alternatives

Dates: July, August, September 2017 Grantee Name: BIRTHLINE

### 1. Client Age Range:

| Under 15 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35+ | Unknown age |
|----------|-------|-------|-------|-------|-------|-----|-------------|
| 0        | 5     | 6     | 26    | 21    | 15    | 6   | 0           |

### 2. Client Pregnancy Status:

| 1st Trimester | 2nd Trimester | 3rd Trimester | Post-partum | Pregnancy Status Unknown | Other (Father or Grandparent) |
|---------------|---------------|---------------|-------------|--------------------------|-------------------------------|
| 19            | 34            | 15            | 7           | 2                        | 2                             |

### 3. Client Marital Status:

| Married | Not Married | Marital Status Unknown |
|---------|-------------|------------------------|
| 15      | 61          | 3                      |

### 4. Client Race:

| Race: White | Race: African American | Race: African-American | Race: American Indian | Race: Asian Pacific | Race: Other/ Multi Race | Race: Unknown |
|-------------|------------------------|------------------------|-----------------------|---------------------|-------------------------|---------------|
| 43          | 10                     | 11                     | 2                     | 0                   | 10                      | 3             |

### 5. Client Ethnicity:

| Hispanic Ethnicity: Yes | Hispanic Ethnicity: No | Ethnicity: Unknown |
|-------------------------|------------------------|--------------------|
| 8                       | 64                     | 7                  |

### 6. Client Type:

| Mother | Father | Grandparent | Other |
|--------|--------|-------------|-------|
| 77     | 2      | 0           | 0     |

## Instructions for completing form

1. Complete a form on each new client who qualifies for participation in the Positive Alternatives program. (Eligible clients are women residing in Minnesota who are pregnant or who are parenting an infant 12 months old or younger.)
2. Collect answers for the form at the time the Necessary Services discussion is held with the client.
3. For each question, check the box that corresponds to the category best describing the client.
4. If your organization is not able to collect information requested on the form (e. g., race and/or ethnicity) check "*Unknown*".
5. For "Client Pregnancy Status", if the client is entering the program parenting an infant 12 months old or younger, check "*Post-partum*". When pregnancy status is unidentified please check "*Pregnancy Status Unknown*." If the client is a father or grandparent please check "*Other*."
6. Please check your math. **Each Line should add up to the same total.**